

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847
ADDRESS PO Box 1700		CITY Jackson	STATE MS
EMAIL bob.fagan@msdh.state.ms.us		ZIP 39215-1700	
SUBMIT DATE 9/4/2013		Name or number of rule(s): <u>Chapter 3, (Rule 3.1.1 through 3.26.3) Minimum Standards Of Operation of Pediatric Skilled Nursing Facilities</u>	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Senate Bill 2700 in the 2012 Regular Legislative Session authorized the establishment of one (1) Pediatric Skilled Nursing Facility, not to exceed sixty (60) bed, in the State of MS and charged the Mississippi State Department of Health responsibility to develop regulations for licensure and monitoring of this facility. This set of regulations, Chapter 3, is new, in its entirety, and established for the purpose of licensing and regulating this new healthcare entity. Specific legal authority authorizing promulgation of rule: 43-11-13

List all rules repealed, amended, or suspended by the proposed rule(s): Chapter 3 is a new Chapter, from Rule 3.1.1 through Rule 3.26.3, designed to allow licensure and provide standards for governance of this new facility.

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on (see attached listing) Date: 10/4/2013 Time: 11:15am Place: MS State Department of Health; 570 East Woodrow Wilson Drive; Jackson, MS – Osborne Auditorium

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <u>10/11,2013</u> <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME MS State Department of Health	CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847
ADDRESS PO Box 1700	CITY Jackson	STATE MS
EMAIL Bob.fagan@msdh.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Chapter 3 Minimum Standards of Operation for Pediatric Skilled Nursing Facilities	
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. §43-13-17	Reference to Rules repealed, amended or suspended by the Proposed Rule: Adding Chapter 3; New chapter	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

SB 2700 of the 2012 Regular Legislative Session authorized the establishment of one (1) Pediatric Skilled Nursing Facility, of not more than 60 beds in Jackson, MS. To date, the State of MS does not have a pediatric facility, other than hospitals, equipped to provide care to these medically fragile or ventilator dependent pediatric children. This facility will provide a more home like environment for these children yet be designed with the necessary equipment and professional staff to meet their needs on a 24/7 basis.

2. Briefly describe the need for the proposed rule:

SB 2700 charged MSDH with the responsibility to develop regulations to govern licensure and assure these children received care in accordance with acceptable standards of practice. These regulations will serve as guidelines for construction, medical/nursing directives, care issues, equipment mandates and issues related to quality improvement and infection control.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

These regulations will allow for the establishment of a Pediatric Skilled Nursing Facility.

4. Estimated Cost of implementing proposed action:

a. To the agency

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

b. To other state or local government entities

☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

c. Cost: Construction: Approximately 1-2 million; Although it has not been determined as Medicaid rates for this entity have not been established, as yet, it is possible that cost of maintain these children may be considerably less than what is now because custodial and health care for these children is currently being reimbursed at acute care hospital rates.

☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

d. Economic Benefit:

Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation:

One.

b. Projected costs for small businesses to comply: Construction costs plus care: 1-2 million

c. Statement of probable effect on impacted small businesses: SB authorized one 60 bed unit in Jackson, MS. Construction and start up costs will be significant, thereafter Medicaid will cover cost at a daily per diem rate.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option): No existing rule to cover this entity.

☐ substantially less than ☒ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule? SB 2700 authorized the establishment of a new type of healthcare facility in MS, the Pediatric Skilled Nursing Facility. New regulations were developed to license and govern this new facility.

☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The department has no concrete data. Right now the care of these children is being provided at Blair Batson acute care hospital and other acute care locations throughout the state. To date, Medicaid has not established the daily per diem rate that will be paid for providing the needed care and services to these children. It is reasonable to estimate that the per diem reimbursement costs will be substantially less than cost related to acute care hospitalization and maintenance.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

Send all comments to: Mike Lucius, Deputy State Health Officer; Mississippi State Department of Health; PO Box 1700; Jackson, MS 39013

SIGNATURE

TITLE

Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

DATE

PROPOSED EFFECTIVE DATE OF RULE

9-4-13

30 days after filing